	Under the Pener	work Reduction A	Na of 1991, no o	estons STR	received to	U.S. Pate second to a collect	işî ( Hen	of information	nd for use the ne Office, U.S ne property is di publication or		WIN ONB	VSBAG (01-0 OMB 0651-00 OMB 0651-00 F COMMER( Control number	
	PATENT A	APPLICAT	ION FEE D	ETERN	MINAT	ION RECOR	D		09	98	995	2	
CLAIMS AS FILED - PART I (Column I) (Column I)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
FO	FOR NUMBER FILED				NUMBER EXTRA			RATE	FEE	]	RATE	FEE	1
BASIC FEE (1) CFE (14(4))				2	4.0				3	OR		149	<b>}</b>
TOTAL CLAIMS			<del>//</del>	rus 10 =			x \$e		OR	28_=		]	
UTOR LINDS				- د س <u>ن</u>	• •	2		<u> </u>		OR	×	1681	P
M	ULTIPLE DEPE	IDENT CLAIM	PRESENT (	7 CFR 1,14(¢	0	X_		<u>•—•</u>		OR	<u>+</u> -	200	1
#	he difference in code	ma l ij leşa dhen ess	ne, pater 💝 in colo	Date 2		•		TOTAL	L	OR	TOTAL	<u>Ĺ</u>	1
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 2)								SMALL I	PATITY	OR	OTHER T	-	
AMENDMENT A		CLAIMS REMAININ AFTER AMENDMEN	16	NU! PREVI	HEST MBER OUSLY O FOR	PRESENT EXTRA	$\prod$	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total promitto	.9	Minus	••	20	- /		  -  -	0	OR	4 S °		
	Independent (37 CFR L1603)	8	Minus	100	.5	3/		x *	0	OR OR	<u>. 200</u> .	300	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OF CREEKING							+=		OR	· a		
11 - 2 - 05 (Catarus 1) (Cotamn 1) (Cotamn 3)										OR A	TOTAL DOIT. FEE		ł
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMEN		NUA PREVI	HEST LBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	adol Tional Fee	
	Total prova uses	. 7	Minus	••	V	- /	ł	<u>.</u>		OR	x \$ =		/
	Independent (11 CFR 1.1400)	· 2	Minus	•••	グ	= /		x°	/	OR OR	x*		
	FIRST PRES	FIRST PRESENTATION OF MULT		MALD TRECHETED SITET		gr CFR LINE		6		OR	+		
		(Cohsma I)		(Cales	s= 1)	(Cohum 3)	Ä	TOTAL POIT, FEE		OR	TOTAL DOIT, FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN	, **	PREVI	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1,14(43)	•	Misus	••		=		: \$ o		OR	x \$=		
	Independent ()7 CFR LUGED	•	Minus	***		a	ļ			OR OR	×=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (1) CFR 1.1469							·•		OR	٠		
!!	the cetry in column the "Highest Num the "Highest Num	sber Praviously P	aid for IN THIS	SPACE is	less than 7	20, enter "20".		TOTAL DOT, FEE	box in coher		TOTAL ODIT. FEE		

Burden Hour Statement: This form as estimated to take U.7 fours to ecospects. I tend will very depending upon the needs of the telephologic date.
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